



Women Enabled International
Comments on the CRC Committee's Discussion on:
Children's Rights and Alternative Care
June 30, 2021

I. Introduction

Women Enabled International¹ welcomes the opportunity to comment on the CRC Committee's general discussion on *Children's Rights and Alternative Care*. This submission focuses on the intersection of gender and disability for institutionalized girls and gender non-confirming children with disabilities² and presents an overview of the common rights violations they face.

Human rights abuses are frequent in institutions for all children and persons with disabilities. Girls with disabilities in institutions are particularly at risk of abuse, including neglect, psychological and emotional violence; physical violence and gender-based and sexual violence; sexual and reproductive health and rights violations; and denial of access to justice, among others. Framing these concerns is that the continued institutionalization of girls with disabilities has a triple discriminatory impact - being detained on the basis of being a child, having a disability, and gender. While the ultimate goal is deinstitutionalization so girls with disabilities can live grow up in a family and fully realize their rights, States must ensure that the rights of girls with disabilities are respected, protected, and fulfilled everywhere, including while institutionalized.

II. Background

Recent analysis indicates estimates of 10 million children living in institutions around the world.³ A disproportionate number are children with disabilities, where in some places they are institutionalized at a rate 17 times higher than other children.⁴ Because very few countries disaggregate data by sex and disability,⁵ it is unclear how many children with disabilities, and specifically girls with disabilities, are institutionalized. However, girls with disabilities may be more readily institutionalized than boys,⁶ and at least in some parts of the world the number of girls with disabilities in institutions is increasing. For example, in Central and Eastern Europe and the Commonwealth of Independent States, research shows that in 2005 there were 10,640 girls with disabilities in public residential care, but after a dip in institutionalization in subsequent years, data from 2018 noted 12,897 girls with disabilities in residential care in the region.⁷

III. Legal Framework

The CRPD Committee has called for abolishing the institutionalization of persons with disabilities in all circumstances, finding that States must "ensure the comprehensive deinstitutionalization of all children with disabilities."⁸ In its General Comment No. 5, the Committee found that persons with disabilities in general, and women with disabilities especially, are more susceptible to violence when socially excluded from the community.⁹ For girls with disabilities, the Committee noted they "also experience gender based, multiple and intersectional discrimination, greater risk of institutionalization and violence."¹⁰ The Committee recommended that States implement the right to live independently and be included in the community with particular attention to gender equality,¹¹ and for children a right to grow up in a family.¹²

While the CRC Committee has historically not taken a complete abolitionist approach, allowing institutionalization “only as a measure of last resort, when it is absolutely necessary and in the best interests of the child,”¹³ it has recognized specific safeguards needed for children with disabilities, including in institutional settings. For instance, under its General Comment No. 9, the Committee requests States take “extra measures, in order to ensure that [children with disabilities] are well protected, have access to all services and are fully included in society.”¹⁴

Other U.N. bodies have noted the importance of ensuring that girls with disabilities can live in the community, and have lives free from gender-based violence. In a 2020 joint statement the CEDAW and CRPD Committees and UN Women committed to “[w]orking to promote the adoption of measures by national authorities to fulfill the rights of women and girls with disabilities to live independently and be included in the community and to end institutionalization.”¹⁵ The CEDAW Committee also has called for specific measures to prevent human rights violations against women and girls with disabilities within institutions. In its General Recommendation No. 35, the Committee calls for mandatory education and training of personnel working with women in institutions in order to prevent and address gender-based violence,¹⁶ and action to “[p]rovid[e] protective and support measures in relation to gender-based violence to women in institutions.” The Committee has also called for States to: “ensure unhindered access to health care, including sexual and reproductive health care . . . for all women and girls, including . . . women with disabilities, including those in institutions.”¹⁷

In its 2019 report, the UN Working Group on Discrimination Against Women recognized the gendered nature of deprivation of liberty and how women and girls with disabilities are uniquely and disproportionately at heightened risk due to structural and intersectional forms of discrimination.¹⁸ Like the CRPD Committee, the Working Group has called for “[p]ut[ting] an end to practices of protective institutionalization of . . . women with disabilities.”¹⁹

IV. Common Violations of the Rights of the Child in Alternative Care at the Intersection of Gender and Disability

A. Abuse of Children with Disabilities in Institutions

Abuses against girls with disabilities—such as gender-specific neglect, humiliation, concealment, abandonment, sexual abuse, sexual violence, and sexual exploitation,²⁰ limited freedom of movement, physical abuse, psychological abuse and emotional violence, forced medication, forced psychiatric treatment, forced sterilization, lack of privacy for personal care—are common in institutions. Girls with disabilities are at greater risk of violence than men with disabilities or other women because of their isolation, segregation, and dependency.²¹ In some places, women with disabilities in institutions are abused at twice the rate as those in the community.²² And as former UN Special Rapporteur on Violence Against Women, Rashida Manjoo states “forced institutionalization itself constitutes a form of violence.”²³

Girls with disabilities have the right to be free from gender-based violence.²⁴ CRPD Committee General Comment No. 3 recognizes the increased risk of abuse, violence, and exploitation for girls with disabilities compared to other girls.²⁵ As former Special Rapporteur for the rights of persons with disabilities, Catalina Devandas, found “[g]irls and young women with disabilities are disproportionately affected by different forms of gender-based violence, including physical, sexual, psychological and emotional abuse; bullying; coercion; arbitrary deprivation of liberty; institutionalization; . . . trafficking; neglect; . . . and harmful practices such as . . . forced sterilization and invasive and irreversible involuntary treatments.”²⁶

Evidence of sexual abuse and violence proliferate for girls with disabilities in institutions. In Mexico a girl in an institution reported being raped almost daily.²⁷ Another report from Ukraine found male staff frequently rape girls.²⁸ Contributing to this is understaffed institutions and allowing co-ed institutions.²⁹ In India and Indonesia, girls with disabilities, particularly psychosocial or intellectual disabilities, are at a greater risk of violence, including sexual violence, in institutions.³⁰

Girls with disabilities in institutions have also lost their lives trying to speak up for their rights. For example, on March 8, 2017, 41 girls were killed in a fire in an orphanage in Guatemala.³¹ The girls had used the occasion of International Women’s Day to protest the sexual abuse they suffered – and were locked in their dormitory as punishment. When the fire broke out, no one came to unlock the door.³²

Additionally, girls with disabilities in institutions are sometimes subjected to verbal and physical abuse as well as forced treatment and medication. In India, research exposed staff frequently using verbal and physical violence, including hitting girls with disabilities with sticks and punching them and swearing at them, using severe and humiliating language.³³ There is evidence of girls undergoing nonconsensual electroconvulsive therapy and girls with psychosocial or intellectual disabilities being forced to take medication, including through physical force or having the medication put in their food or drink without their knowledge.³⁴

Girls with disabilities in institutions are also at higher risk of trafficking, including trafficking for child pornography.³⁵ For example, directors of Ukrainian orphanages reported knowing girls under their care are being preyed on by sex traffickers, but claimed they lack the resources to tackle this.³⁶

During the COVID-19 pandemic, girls with disabilities “are at further risk of violence due to their isolation, which increases when visitors and monitors may not be allowed in.”³⁷ A survey of disabled persons organizations (DPOs) exposed reported severe sexual and gender-based violence for girls with disabilities in institutions in Bangladesh, Indonesia, and Nigeria.³⁸ During this crisis, it is also possible that girls with disabilities were institutionalized due to lack of support services or other factors. Many persons with disabilities require support services to meet basic needs, but these services were not always deemed essential.³⁹ However, as WEI documented in its 2020 report on the impact of COVID-19, “[w]omen, girls, non-binary, and gender non-conforming persons with disabilities may be especially vulnerable to institutionalization, as they may lack employment or other means of support to live in the community and may also receive less support from family than men with disabilities.”⁴⁰

B. Sexual and Reproductive Health and Rights in Alternative Care

Girls with disabilities have the same sexual and reproductive rights as other girls.⁴¹ These include the rights to: make decisions about their bodies in line with their evolving capacities; exercise choice; access sexual and reproductive health information, goods, and services; and receive information about sexuality and reproduction, including through comprehensive sexuality education.⁴² One significant obstacle in exercising these rights are reproductive health interventions performed without medical necessity and without informed consent.⁴³

The CRC Committee recognizes forced sterilization of girls with disabilities as a form of violence,⁴⁴ and has called on States to enact laws prohibiting forced sterilization of children, noting concern with the prevalence of the practice for girls with disabilities.⁴⁵ Moreover, it has declared that the “best interest of the child” principle cannot be used as justification for practices that conflict with the child’s human dignity and right to physical integrity.⁴⁶ The CEDAW Committee has also consistently found forced and coerced reproductive health interventions violate the rights of women and girls, particularly those with

disabilities.⁴⁷ The Committee has called for reparations and redress mechanisms especially for girls with disabilities that have suffered these practices within institutions.⁴⁸

Despite prevailing human rights norms prohibiting forced sterilization of children due to disability,⁴⁹ this practice still abounds for girls with disabilities in institutions. Girls with disabilities are subjected to forced sterilization, contraception, and abortion for different unjustified and discriminatory motivations, including eugenics; avoiding pregnancy including because of vulnerability to sexual abuse; because they are considered unfit to parent; and due to concerns about menstrual hygiene or management.⁵⁰

These abuses proliferate in institutions. In Serbia, involuntary and invasive medical interventions transpired for young women with disabilities in institutions to prevent or terminate pregnancies.⁵¹ In Ukraine, reports uncovered “pregnancies in the institution are common and forced abortions are routine.”⁵² Pregnant girls were taken to have abortions without “ask[ing] for permission and the girls had no way out.”⁵³ In Indonesia, girls with disabilities have been given birth control without their knowledge or consent, sometimes being told that the injection is a vitamin, or were forced to take the contraceptive injection or locked in seclusion if they refused.⁵⁴

In Kyrgyzstan, they give occasional injections of Aminazin to children in institutions, “particularly for girls who have a difficult transitional period [i.e. puberty].”⁵⁵ In Mexico, an institution for children with disabilities was found to have a policy of forced sterilization of every girl.⁵⁶ In one part of India, as recently as 2008, the government supported a policy of forcibly sterilizing “‘mentally challenged’ women and girls in institutions as a means of ensuring ‘menstrual hygiene’ or the elimination of periods.”⁵⁷

C. Access to Justice

Girls with disabilities often lack recourse to justice for violations against them while institutionalized. As OHCHR recognized, “certain groups of children, and specifically girls with disabilities in institutions are faced with additional barriers to accessing justice.”⁵⁸ As the CRPD Committee has described, the very nature of institutions and the abuses within them create barriers in accessing justice for girls with disabilities.⁵⁹ Furthermore, girls with disabilities may be afraid to bring action against the institution that acts as their caregiver for fear of repercussion.⁶⁰

Even when there are laws ensuring access to justice, they are not always upheld. For instance, although India’s Criminal Law outlaws violence against women with disabilities in institutions, in practice women with disabilities have effectively no access to justice when they are institutionalized, either to challenge forced institutionalization or report violence.⁶¹ This includes disregard for testimony, especially of women and girls with intellectual or psychosocial disabilities.⁶² As one report illuminated, of 128 instances of abuse documented in Indian institutions in 2014, none of the women have successfully accessed redress mechanisms to address their forced institutionalization or abuses suffered.⁶³

CRC Committee General Comment No. 24 has called for safeguards against discrimination in the justice system, including gender-sensitive training and accommodations for children with disabilities,⁶⁴ but has stopped short on specific language for access to justice for institutionalized children. And the UN Special Rapporteur on Violence Against Women has outlined the barriers for access to justice for women and girls with disabilities in general, including paternalistic attitudes.⁶⁵

V. Recommendations to the CRC Committee

Based on the information above, WEI recommends that the CRC Committee include the following in its work related to children in alternative care:

- Recognize the rights abuses inherent in the institutionalization of children with disabilities, and girls with disabilities in particular, and adopt standards that reflect the requirements of the CRPD to deinstitutionalize children with disabilities and ensure their right to live in the community – growing up in a family.
- Recommend that States “Ensur[e] the active involvement of women and girls with disabilities in all initiatives to transform support, rehabilitation and recovery services in their communities within the design and implementation of deinstitutionalization strategies.”⁶⁶
- To the extent institutions continue to operate regardless of this imperative, recommend that States:
 - Ensure girls and gender non-confirming children with disabilities are not subjected to forced institutionalization, and there are effective legal channels for those who are institutionalized to challenge their institutionalization and report human rights violations committed against them within institutions.
 - Ensure protections for girls with disabilities within institutions, including protections from (1) gender-based and sexual violence, (2) denial of sexual and reproductive health and rights, and (3) forced reproductive health interventions, including forced abortions and sterilizations, and (4) denial of access to justice.
 - Establish oversight mechanisms for rights enforcement. To be effective, the monitoring and oversight system should include: specialized disability-, age-, and gender-specific programs, including programs focused on identifying sexual abuse, exploitation, and trafficking;
 - Provide accessible information on sexual and reproductive health and rights, helplines and reporting mechanism, and legal remedies, so that girls with disabilities in institutions can effectively pursue justice when rights are violated; and
 - Conduct effective investigations into allegations of forced or coerced reproductive health interventions in institutions, with adequate sanctions for perpetrators.
 - Make sure residential dorms are separated by age and gender.
 - Collect and analyze disaggregated data on children and girls with disabilities in institutions.

Thank you for your consideration. Please contact WEI’s UN Advocacy Director, Amanda McRae: a.mcrae@womenenabled.org, or Human Rights Legal Consultant, Rebecca Landy: r.landy@womenenabled.org with any questions.

¹ Women Enabled International advances human rights at the intersection of gender and disability to: respond to the lived experiences of women and girls with disabilities; promote inclusion and participation; and achieve transformative equality. We also thank Disability Rights International for their endorsement of this submission.

² Throughout the submission, reference to girls also includes gender non-confirming children, though the evidence and jurisprudence for these children is lacking, probably in part due to discrimination and fear of identification.

³ Van Ijzendoorn, M.H., Bakermans-Kranenburg, M.J., Duschinsky, R., Fox, N.A., Goldman, P.S., Gunnar, M.R., Johnson, D.E., Nelson, C.A., Jeijman, S., Skinner, G.C.M. Zeanah, C.H., Sonuga-Barke, E.J.S., *Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development*, *Lancet Psychiatry*. 7(8), pp. 703-720

(2020) ; Nicole Petrowski, Claudia Cappa, Peter Gross, Estimating the number of children in formal alternative care: Challenges and results, *Child Abuse & Neglect*, Vol. 70, 2017, pp. 388-398, 394, <https://www.sciencedirect.com/science/article/pii/S0145213416302873>. (The main sources of data on children in alternative care comes from relevant government ministries, but “many countries still lack functional administrative systems for enumerating children living outside of family care.”)

⁴ UN Human Rights Council, *High Commissioner for Human Rights says that inequalities can erode United Nations' pillars but that human rights offer hope: Council Continues its Interactive Clustered Dialogue on the Rights of Persons with Disabilities and of Persons with Albinism* (Mar. 6, 2019),

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24269&LangID=E>.

⁵ *Supra* note 3, Petrowski, pp. 388-398, 395.; See also, UNICEF, *Data gaps on children in residential care leave the most vulnerable unaccounted for* (June 1, 2017), <https://shar.es/aW1qbu>.

⁶ UNICEF, Factsheet: Children and Young People with Disabilities 19 (May 2013),

https://www.unicef.org/disabilities/files/Factsheet_A5_Web_NEW.pdf; Women and adequate housing, Study by the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, Miloon Kothari, E/CN.4/2005/43, para. 64.

⁷ UNICEF TransMonEE Database, Child Protection, Children in residential care (excel download, accessed June 2, 2021) <http://transmonee.org/database/>.

⁸ CRPD Committee, *Concluding Observations: Spain* U.N. Doc CRPD/C/ESP/CO/2-3 (2019).

⁹ CRPD Committee, *General Comment No. 5 (2017) on living independently and being included in the community*, para. 5, U.N. Doc. CRPD/C/GC/5 (2017).

¹⁰ *Id.* CRPD, *General Comment No. 5*, para. 72. See also, Committee on the Rights of Persons with Disabilities (CRPD Committee), *General Comment No. 3 (2016) Article 6: Women and Girls with Disabilities*, para. 25, U.N. Doc. CRPD/C/GC/3 (Nov. 25, 2016) [hereinafter CRPD, *General Comment No. 3*].

¹¹ *Supra* note 9, CRPD, *General Comment No. 5*, para. 74, U.N. Doc. CRPD/C/GC/5 (2017).

¹² *Id.* CRPD, *General Comment No. 5*, para. 37. See also, Eric Rosenthal, *The Right of All Children to Grow up In a Family Under International Law: Implications for Placement in Orphanages, Residential Care, and Group Homes*, 35 BUFFALO LAW REVIEW 65-137.

¹³ Committee on the Rights of the Child, *General Comment No. 9 (2006): The Rights of Children with Disabilities*, para. 47, U.N. Doc. CRC/C/GC/9 (Feb. 27, 2007) [hereinafter CRC, *General Comment No. 9*]. CRPD Committee, *General Comment on Article 19; Living Independently and being included in the Community*, para 47 (d) (ii), U.N. Doc. CRPD/C/18/1 (Aug. 29, 2017), “make use of institutionalization and detention only as a last resort and only if in the best interest of the child.”

¹⁴ *Id.*, CRC, *General Comment No. 9*, para. 10.

¹⁵ Joint Statement by UN Women, *Ending Sexual Harassment Against Women and Girls With Disabilities*, (Oct. 22, 2020), <https://www.unwomen.org/en/news/stories/2020/10/statement-joint-un-women-cedaw-and-crpd>.

¹⁶ Committee on the Elimination of Discrimination against Women, *General recommendation No. 35 (2017) on gender-based violence against women, updating general recommendation No. 19*, para. 38, U.N. Doc. CEDAW/C/GC/35 (July 14, 2017).

¹⁷ CEDAW Committee, *Concluding Observations: Serbia*, para. 38 (c), U.N. Doc. CEDAW/C/SRB/CO/4 (2019).

¹⁸ Report of the Working Group on the issue of discrimination against women in law and in practice, *Women Deprived of Liberty*, ¶¶ 37, 44, 45, 54, 78 U.N. Doc A/HRC/41/33 (May 15, 2019) [hereinafter UNWGDW 2019].

¹⁹ *Id.* ¶ 80 (d).

²⁰ CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶¶ 33 & 35, U.N. Doc. CRPD/C/GC/3 (2016).

²¹ See, e.g., CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶¶ 33 & 36, U.N. Doc. CRPD/C/GC/3 (2016).

²² HRW, Women and Girls with Disabilities, <https://www.hrw.org/legacy/women/disabled.html>.

²³ Rashida Manjoo (Special Rapporteur on Violence Against Women), *Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences: Women with Disabilities*, para. 38, U.N. Doc. A/67/227 (Aug. 3, 2012), <http://undocs.org/A/67/227>.

²⁴ WEI, *FACTS: The Right of Women and Girls with Disabilities to be Free from Gender-Based Violence*, www.womenenabled.org/fact-sheets.html.

²⁵ *Supra* note 10, CRPD, *General Comment No. 3*, para. 4 (a), 29 (“Women with disabilities” refers to all women, girls and adolescents with disabilities;”).

²⁶ Special Rapporteur on the rights of persons with disabilities, Report on sexual and reproductive health and rights of girls and young women with disabilities, ¶ 34 U.N. Doc. A/72/133 (July 14, 2017), <https://undocs.org/en/A/72/133>.

²⁷ Disability Rights International, *Twice Violated: Abuse and Denial of Sexual and Reproductive Rights of Women with Psychosocial Disabilities in Mexico*, p. 20 (2015) <https://www.driadvocacy.org/wp-content/uploads/Mexico-report-English-web.pdf>.

- ²⁸ Disability Rights International, *No Way Home: The Exploitation and Abuse of Children in Ukraine's Orphanages*, p. 26 (2015) <https://www.driadvocacy.org/wp-content/uploads/No-Way-Home-final2.pdf>.
- ²⁹ *Id.* p. 27-28.
- ³⁰ Human Rights Watch, '*Treated Worse Than Animals*': Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India (2014), <https://www.hrw.org/report/2014/12/03/treated-worse-animals/abuses-against-women-and-girls-psychosocial-or-intellectual>; Human Rights Watch, '*Living in Hell*': Abuses against People with Psychosocial Disabilities in Indonesia (2016), www.hrw.org/report/2016/03/21/living-hell/abuses-against-people-psychosocial-disabilities-indonesia.
- ³¹ DRI, *After the Fire: Survivors of Hogar Seguro Virgen de la Asunción at risk Findings and Recommendations for Action*, March 15, 2017, <https://www.driadvocacy.org/wp-content/uploads/After-the-Fire-March-15.pdf>.
- ³² *Id.*
- ³³ *Supra* note 29, '*Treated Worse Than Animals*,' p. 10.
- ³⁴ *Id.* at 9 and 58.
- ³⁵ Suora note 9, CRPD, *General Comment No. 5* (2017) ¶ 72.
- ³⁶ *Supra* note 27, DRI, Ukraine, p. 35.
- ³⁷ WEI, *Statement on Rights at the Intersection of Gender and Disability during COVID-19*, April 19, 2020, <https://womenenabled.org/blog/resources/statement-on-rights-of-wwd-in-covid-for-endorsement-april-8-2020-final-pdf>. See also WEI, Submission to the Special Rapporteur on Violence against Women: Violence at the Intersection of Gender and Disability during COVID-19, p. 7 notes 65-67 (June 30, 2020), <https://womenenabled.org/pdfs/WEI%20SRVAW%20Submission%20DV%20COVID%20FINAL%20June%2030%2C%202020.pdf>. Noting higher risk of abuse reported in Asia and the Pacific and Australia; See also COVID-19 Disability Rights Monitor, *Disability rights during the pandemic*, p. 35-36 (2020), <https://covid-drm.org/assets/documents/Disability-Rights-During-the-Pandemic-report-web.pdf>, Where a survey of DPO's exposed reported severe sexual and gender-based violence for girls with disabilities in institutions in Bangladesh, Indonesia, and Nigeria.
- ³⁸ COVID-19 Disability Rights Monitor, *Disability rights during the pandemic*, p. 35-36 (2020), <https://covid-drm.org/assets/documents/Disability-Rights-During-the-Pandemic-report-web.pdf>.
- ³⁹ WEI, *Statement on Rights at the Intersection of Gender and Disability during COVID-19*, April 19, 2020, <https://womenenabled.org/blog/resources/statement-on-rights-of-wwd-in-covid-for-endorsement-april-8-2020-final-pdf>. "[W]ithout these services, persons with disabilities are more vulnerable to being placed in long-term residential care institutions, in violation of their right to independent living."
- ⁴⁰ WEI, COVID-19 at the Intersection of Gender and Disability, May 2020, <https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf>. Referencing U.N. Commission on Human Rights, *Women and adequate housing: Study by the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living*, Miloon Kothari, para. 64, U.N. Doc. E/CN.4/2005/43 (2005), https://www.un.org/womenwatch/enable/E-CN4-2005-43_Housing.pdf.
- ⁴¹ Special Rapporteur on the rights of persons with disabilities, *Report on sexual and reproductive health and rights of girls and young women with disabilities*, ¶ 60 U.N. Doc. A/72/133 (July 14, 2017), <https://undocs.org/en/A/72/133>.
- ⁴² U.N. Secretary-General, *Rights of Persons with Disabilities*, para. 8, U.N. Doc. A/72/133 (Oct. 24, 2017) (by Catalina Devandas-Aguilar) [hereinafter *Special Rapporteur on the Rights of Persons with Disabilities*].
- ⁴³ U.N. Secretary-General, *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*, ¶¶ 38, 71, 72, U.N. Doc. A/64/272 (Aug. 10, 2009) (by Anand Grover)[hereinafter *Special Rapporteur on the Right to Health*]. CEDAW Committee, *Concluding Observations: Serbia*, para. 38 (c), U.N. Doc. CEDAW/C/SRB/CO/4 (2019).
- ⁴⁴ UN Committee on the Rights of the Child, *General comment No. 13* (2011): *Article 19: The right of the child to freedom from all forms of violence*, ¶¶ 14 & 21, U.N. Doc. CRC/C/GC/13 (Feb. 17, 2011).
- ⁴⁵ *CRC Committee General Comment No.9* at ¶ 60: "The Committee is deeply concerned about the prevailing practice of forced sterilisation of children with disabilities, particularly girls with disabilities. This practice, which still exists, seriously violates the right of the child to her or his physical integrity and results in adverse life-long physical and mental health effects. Therefore, the Committee urges States parties to prohibit by law the forced sterilisation of children on grounds of disability."
- ⁴⁶ *CRC Committee General Comment No. 13*, at para.61.
- ⁴⁷ Specifically, the Committee has found that forced or coerced reproductive health interventions violate CEDAW's Articles 12 and 23. For a summary of all CEDAW Committee legal standards on this issue, see *Women Enabled international, accountABILITY Toolkit: Briefing Paper on Sexual and Reproductive Health and Rights* (2018), <https://www.womenenabled.org/atk.html>.
- ⁴⁸ CEDAW, *Concluding observations on the combined seventh and eighth periodic reports of Japan*, U.N. Doc. CEDAW/C/JPN/CO/7-8, paras. 24-25 (Mar. 7, 2016).

⁴⁹ *Supra* note 12, CRC General Comment No. 9, para. 60.

⁵⁰ An Interagency Statement: OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WH, *Eliminating Forced, Coercive and Otherwise Involuntary Sterilization* (2014), https://www.unfpa.org/sites/default/files/resource-pdf/Eliminating_forced_sterilization.pdf; *See also*, Report of the Working Group on the issue of discrimination against women in law and in practice, *Women Deprived of Liberty*, para. 45, U.N. Doc A/HRC/41/33 (May 15, 2019), noting “Protective detention is also used to “protect” girls with disabilities or adolescent girls from violence and/or ‘unwanted’ pregnancies;” *Special Rapporteur on the Rights of Persons with Disabilities*, “Built upon misconceptions and stereotypes around the sexuality of persons with disabilities, this rationale calls for segregation and institutionalization as the best way for protection, while establishing patronizing schemes in which women and girls with disabilities become infantilized for life.”

⁵¹ Human Rights Watch, *‘It Is My Dream To Leave This Place’: Children with Disabilities in Serbian Institutions* pp. 9 & 64 (2016), <https://www.hrw.org/report/2016/06/08/it-my-dream-leave-place/children-disabilities-serbian-institutions>.

⁵² *Supra* note 27, DRI, Ukraine, p. 22. *Noting* “since a pregnant teenager would cause a lot of problems for the director.”

⁵³ *Noting* “since a pregnant teenager would cause a lot of problems for the director.” *Id.*

⁵⁴ Human Rights Watch, *‘Living in Hell:’ Abuses against People with Psychosocial Disabilities in Indonesia* (2016), www.hrw.org/report/2016/03/21/living-hell/abuses-against-people-psychosocial-disabilities-indonesia.

⁵⁵ *Id.* p. 27, Human Rights Watch interview with doctor at Belovodsk Psychoneurological Institute on Feb. 4, 2020.

⁵⁶ *Supra* note 26, DRI, *Mexico*, p. iii. (By allowing the forceful sterilization of girls and women with disabilities, particularly in institutions under the direct authority of the government, Mexico is violating their right to respect for their physical and mental integrity (Article 17); their right to retain their fertility on an equal basis to others (Article 23); their right to be free from violence, exploitation and abuse (Article 16); and their right to decide for themselves (Article 12), all of which are enshrined in the CRPD.)

⁵⁷ Ashika Misra, *Is hysterectomy the final solution?*, DNA INDIA, Jan. 30, 2008, <http://www.dnaindia.com/mumbai/report-is-hysterectomy-the-final-solution-11482>.

⁵⁸ Office of the United Nations High Commissioner for Human Rights (OHCHR), Access to Justice for Children, para 17, U.N. Doc, A/HRC/25/35 (Dec 16. 2013), www.ohchr.org/en/hrbodies/hrc/regularsessions/session25/documents/a-hrc-25-35_en.doc.

⁵⁹ *Supra* note 10, CRPD General Comment No. 3, para. 53 (a), (“Violence against women with disabilities in institutions includes . . . forced administration of psychiatric medication; and overmedication, which can reduce the ability to describe and/or remember sexual violence. Perpetrators may act with impunity because they perceive little risk of discovery or punishment given that access to judicial remedies is severely restricted, and women with disabilities subjected to such violence are unlikely to be able to access helplines or other forms of support to report such violations.”)

⁶⁰ A. Gray, S Forell, and S Clarke, *Cognitive impairment, legal need and access to justice*, Justice issues paper 10, Law and Justice Foundation of NSW (2009), www.lawfoundation.net.au/ljf/app/4016D540ECE363B3CA25756F001DEE70.html#bmk_fnote42.

⁶¹ Women Enabled International, *Submissions to OHCHR: Comments for Report on Access to Justice for Persons with Disabilities* (May 2017), www.ohchr.org/Documents/Issues/Disability/SR_Disability/GoodPractices/Women_Enabled_International.docx.

⁶² CRPD Committee, *Concluding Observations: India*, U.N. Doc, CRPD/C/IND/CO/1 (2019).

⁶³ Human Rights Watch, *‘Treated Worse Than Animals’: Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India*, p. 69 (2014), <https://www.hrw.org/report/2014/12/03/treated-worse-animals/abuses-against-women-and-girls-psychosocial-or-intellectual>;

⁶⁴ CRC Committee, *General comment No. 24 (2019) on children’s rights in the child justice system*, para. 40, U.N. Doc. CRC/C/GC/24 (Sep. 18, 2019).

⁶⁵ *Supra* note xi22, *Manjoo*, Special Rapporteur on Violence Against Women, paras. 41-44.

⁶⁶ Joint Statement by UN Women, CEDAW, and CRPD, “Ending sexual harassment against women and girls with disabilities (Oct. 22, 2020), www.unwomen.org/en/news/stories/2020/10/statement-joint-un-women-cedaw-and-crpd.